# **Application Data Sheet**

Application Information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMBINED WRIST BLOOD PRESSURE AND
	ECG MONITOR
Attorney Docket Number::	080412-00000US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Page 1

Initial 5/25/05

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Harry

Middle Name:: Louis

Family Name:: Platt

Name Suffix::

City of Residence:: East Gardens NSW 2036

State or Province of Residence::

Country of Residence:: Australia

Street of Mailing Address:: Suite 407, Office Tower

Postal Address Line Two:: Westfield Shopping Town

City of Mailing Address:: East Gardens NSW 2036

State or Province of mailing address::

Country of mailing address:: Australia

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Allan

Middle Name:: Michael

Family Name:: Shell

Name Suffix::

City of Residence:: East Gardens NSW 2036

State or Province of Residence::

Country of Residence:: Australia

Street of Mailing Address:: Suite 407, Office Tower

Postal Address Line Two:: Westfield Shopping Town

City of Mailing Address::

East Gardens NSW 2036

State or Province of mailing address::

Country of mailing address::

Australia

Postal or Zip Code of mailing address::

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Vladimir

Middle Name::

Family Name::

Jankov

Name Suffix::

City of Residence::

East Gardens NSW 2036

State or Province of Residence::

Country of Residence::

Australia

Street of Mailing Address::

Suite 407, Office Tower

Postal Address Line Two::

Westfield Shopping Town

City of Mailing Address::

East Gardens NSW 2036

State or Province of mailing address::

Country of mailing address::

Australia

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number::

20350

#### **Representative Information**

Representative Designation::

Representative Number::

Representative Name::

Primary Associate 37,505

37,505

Joe Liebeschuetz
Joe Liebeschuetz

### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

US national phase of

PCT/AU03/01568

November 25,

2003

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

Australia

2002952927

November 25 2002

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::